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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/530,643		Filing Date 07 April, 2006		<input type="checkbox"/> To be Mailed				
					Applicant(s) CAYOUEETTE ET AL.						Page 1 of 3		
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/2009		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1					1		51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						1
8							58						
9							59						
10							60					1	
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27						1	77						
28							78						
29							79						
30							80						
31							81						
32							82						
33						1	83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40						1	90						
41							91						
42							92						
43							93						
44							94						
45						2	95						
46							96						
47							97						
48						2	98						1
49							99						
50							100						2
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Part of Paper No20090310-1.

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT 02/18/09		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
101							151						
102							152						
103							153						
104							154						
105							155						
106						1	156						
107							157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
114							164						
115							165						
116						2	166						
117							167						
118							168						
119							169						
120							170						
121							171						
122							172						
123							173						
124							174						1
125							175						1
126						2	176						1
127							177						
128							178						
129							179						
130							180						1
131						1	181						
132							182						
133							183						
134							184						
135							185						1
136							186						
137							187						
138							188						
139							189						
140							190						1
141						1	191						
142							192						
143							193						
144							194						
145							195						
146							196						1
147							197						
148							198						1
149							199						
150							200						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

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	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
201							251							
202						1	252							
203							253							
204						1	254							
205						1	255							
206						1	256							
207							257							
208							258							
209							259							
210							260							
211							261							
212						1	262							
213						1	263							
214						1	264							
215							265							
216							266							
217							267							
218						1	268							
219						1	269							
220						1	270							
221						1	271							
222							272							
223						1	273							
224						1	274							
225						1	275							
226						1	276							
227						1	277							
228						1	278							
229						1	279							
230							280							
231							281							
232							282							
233							283							
234							284							
235							285							
236							286							
237							287							
238							288							
239							289							
240							290							
241							291							
242							292							
243							293							
244							294							
245							295							
246							296							
247							297							
248							298							
249							299							
250							300							
Total Indep					2		Total Indep							
Total Depend						44	Total Depend							
Total Claims					46		Total Claims							

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